

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO

10/521010

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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8						
9						
10						
11						
12						
13						
14						
15						
16			1			
17				1		
18			1			
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29			1			
30				1		
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47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.	←		←	←		←
TOTAL CLAIMS						